

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | D.B.     | 702005 | 10-23-99 |
| O.I.P.E. CLASSIFIER |          | 7      | 12-28-99 |
| FORMALITY REVIEW    | SW       | 64924  | 11-15-00 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 02/15/00 |
| 2              | 02/15/00 |
| 3              | 02/15/00 |
| 4              | 02/15/00 |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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